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CONFIRMATION NO. 2487

SERIAL NUMBER 10/647,991	FILING OR 371(c) DATE 08/26/2003 RULE	CLASS 128	GROUP ART UNIT 3771	ATTORNEY DOCKET NO. 7432-0046
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APPLICANTS

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 Dennis Irlbeck, Noblesville, IN;

** CONTINUING DATA **

This appln claims benefit of 60/405,960 08/26/2002

** FOREIGN APPLICATIONS **

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 11/18/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 18	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 86
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>SA</i>				

ADDRESS

31425

TITLE

Dental anesthesia administration mask and eye-shield

FILING FEE RECEIVED 941	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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